Homeless and HIV Risk

The National Coalition for the Homeless (NCH) estimates that, in a given year, between 2.3 and 2.5 million people, or approximately one percent, of the United States population is effectively homeless. Ethnic breakdowns of homeless persons show this population to be 42% African American, 39% Caucasian, and 13% Hispanic, with the remainder being of Asian or Native American descent. Moreover, NCH estimates that 10% of the U.S. population living in poverty experience homelessness (NCH, 2007a).

There are a variety of reasons a person becomes homeless. Homelessness can be the result of unemployment, substance abuse, mental disorder, domestic violence, lack of affordable housing or the lack of prison re-entry programs after incarceration. Other factors in homelessness are chronic disease coupled with a lack of affordable health care nationwide. Fifty-five percent of homeless people report having no health insurance and in the case of HIV, seven percent of homeless clients in need of protease inhibitors for treatment have no access to the medication (Curry, 2000).

Just as there are many factors that can lead to homelessness, there are many outcomes due to a person being homeless. People who experience homelessness often report higher rates of victimization due to violence (NCH, 2007b). They are more likely to have substance abuse and mental health problems, with a large number reporting co-morbidity of these disorders. On a day to day basis, homeless persons are more likely to engage in survival sex to secure income or housing. In the case of diseases such as HIV, tuberculosis, syphilis, and Hepatitis B and C, failure on the homeless client's behalf to return to testing facilities or a health care worker's failure to relocate a homeless client to deliver test results leads to a lack of awareness of infection by the client. This is particularly the case when speaking about HIV infection (Buchanan, 2006).

It is estimated that one-third to one-half of persons living with AIDS in the United States are either homeless or at imminent risk of homelessness

According to the 2003 Treatment and Recommendations for Homeless Patients with HIV/AIDS, an estimated one-third to one-half of persons with AIDS in the United States are either homeless or at imminent risk of homelessness (Conanan,2003).

Contrasting prevalence rates between surveyed homeless populations (3.4%) and the general population (less than 1%) suggest a widespread association between homelessness and HIV/AIDS (Conanan,2003).

In a study among shelter and soup kitchen users, rates of HIV infection ranged from 2%-16% and among homeless individuals living on the street, 19% were infected with HIV (Forney, 2007).

(Conanan, 2003). Not only are people with AIDS at risk for homelessness, homeless populations have median HIV prevalence rates nearly three times that of the general population, 3.4% versus 1% (NCH, 2007a). Although the prevalence of HIV is likely to be higher in metropolitan areas than in non-metropolitan areas, individuals without stable housing are more likely to be HIV-positive regardless of where they live (Conanan, 2003). Homeless persons with HIV face less access to affordable care and potentially poor outcomes. Poor family support and inadequate social support causes failure to adhere to prescribed medical regimens which often times leave homeless clients without options for treatment, thrusting them into late stages of what would otherwise be a curable or treatable illness such as tuberculosis or HIV (AHW, 2003).

The rates of HIV infection due to homelessness are of special note due to an increase of risk-taking behaviors found in homeless populations. One study examining behavioral risk factors associated with increased risk for HIV infection determined that 69% of the homeless population engaged in high-risk behaviors including sex with multiple partners, inconsistent condom use, needle sharing and trading sex for money or for drugs. One study of the homeless found that 40% of men and 23% of women reported drug abuse and 62% of men and 17% of women reported alcohol abuse. The high co-morbidity of mental illness and substance abuse contributes to nearly 26% of the population admitting to three or more high risk behaviors for HIV infection (DeCarlo, 1996). In a study among shelter and soup kitchen users, rates of HIV infection ranged from 2%-16% and among homeless individuals living on the street, 19% were infected with HIV (Forney, 2007).

Due to the nomadic and elusive nature of this population there are many barriers to accessing social services, utilizing health care, and adhering to treatment for disorders and illnesses. Some specific barriers cited by homeless advocates are:

- Victimization due to theft resulting in loss of identification prohibiting effective access to social services.
- Prohibition of sexual intercourse by shelter facilities leading to a lack of sex education programs in shelters.
- Shortages of appropriate space for counseling and education around sensitive matters such as substance abuse and mental illness leading to a lack of treatment options.
- Difficulty contacting a homeless client resulting in health care providers and social service workers closing the client's case.

These barriers are major obstacles to providing appropriate HIV prevention and treatment services to homeless people.

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